PTC/SB/01 (08-03)
Approved for use through 07/31/2009. OMB 0851-0032
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DECLARATION FOR UTILITY OR					BLA 10200	
DESIGN			First Named Inventor		Duniel A. Lefabvre	
PATENT APPLICATION		N [COMPLETE IF KNOWN			
(37 CF	FR 1.63)	Ţ	Application Num	nber		
Declaration	Declara		Filing Date			
Submitted OR With Initial		ed after initial curcharge	Art Unit			
Filing		₹ 1.16 (e))	Examiner Name	•		
required)						
I hereby declare that:						
Each inventor's residence, ma	allina address s	and citizenshin are:	as stated helm	w next to the	eir nama	
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I believe the Inventor(s) name which a patent is sought on the			inventor(s) of t	tne subject	matter which is cla	imed and for
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END CAP APPARAT	US					
		(Title of the	Invention)			
the specification of which		(**************************************				
is attached hereto						
OR	r——		٦			
was filed on (MM/DD/YYYY) as United States Application Number or PCT International						
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Application Number and was amended on (MM/DD/YYY) (If applicable).						
I hereby state that I have reviewed and understand the contents of the above Identified specification, including the claims, as						
amended by any amendment	specifically refe	rred to above.				
I acknowledge the duty to di	sclose informati	tion which is mate	rial to patental	bility as de	fined in 37 CFR	1.56, Including for
continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent.						
inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one						
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date						
before that of the application on which priority is claimed.						
Prior Foreign Application		Foreign Filing		Prioril		Copy Attached?
Number(s)	Country	(MM/DD/YY	YY)	Not Clair	med Yes	No.
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Signature

Orange Malling Addresa

Orange

City

Residence: City

303 Hemlock Drive

State

CT

State

CT

Additional inventors or a legal representative are being named on the

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supplemental sheet(a) PTO/SB/02A or 02LR attenhad hareto.

DECLARATION — Utility or Design Patent Application

Correspondence address below **Customer Number:** Direct all correspondence to: 25306 Name Address ZIP State City Fax Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and mjjjiddle [If any]) Daniel or Sumame Lefebvre Inventors Signature 3/6/04 Country Residence: Clty State USA USA Wallingford Mailing Address 65 Cliffside Drive ZIP Country State City 06492 USA Wallingford CT A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name Black or Surname (first and middle [if any]) David Date Inventor's

Country

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3				
Name of Additional Joint Inventor, if any:		A petil	llon ha	as been filed for this	unsigned invi	entor
Given Name (first and middle (if any)		Family Name or Surname				
Glenn		Golden				
Inventor's Signature		Date 3/6/04				6/04
Residence: City Wallingford	Slate	CT	Coun	uy USA	Citizenship	USA
Mailing Address 294 Grieb Road					-	
Mailing Address						
Wallingford	State	СТ		_{Zip} 06492	Country	JSA
Name of Additional Joint Inventor, if any: A pelition has been filed for this unsigned inventor				entor		
Given Name (first and middle (if any)	Family Name or Surname					
Christopher		Wiegert				
Inventor's Ch Willy		Date 3/	5/0	4		
Residence: City Wallingford State		СТ		Country USA		USA Citizenship
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Mailing Address City Wallingford State		CT Zip 06492		Zip 06492	Country	USA
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Inventor's Signature		Date				
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Filing Date	
First Named Inventor	Daniel Lefebvre
Title	END CAP APPARATUS
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Attorney Docket Number	BLA 10200

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	we: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name	David Black	11				
Signa		11/1				
Date	3.5.04				Telephone 7	03.799.7854
NOTE:	NOTE: Signatures of all the inventors or assignoes of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below.					
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	First Named Inventor	Daniel Lefebyre		
	Title	END CAP APPARATUS		
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	Altorney Docket Number	BLA 10200		
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OR				
Practitioner(s) named below:				
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as my/our attorney(s) or agent(s) to prosecute the application	Identified above and to transact	all business in the United States Patent and		
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NOTE: Signatures of all the inventors or assigness of record of the entire Interest or their representative(s) are required. Submit multiple

SIGNATURE of Applicant or Assignee of Record

Telephone

203-284-3869

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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Practitioners associated with the Customer Number:	25306)	
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Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form	3.71. PTO/SB/96)		
SIGNATURE of	Applicant or Assignee of Re	cord	
Name Daniel Lefebvre			
Signature ()			
Date 3/5/64		Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire forms if more than one signature is required, see below*.	re interest or their representative(s) are required. S	ubmit multiple
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Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form				
SIGNATURE of	Applicant or Assignee of Record			
Name Christopher Wiegert				
Signature Chi Waigut				
Date 3/5/04	Telephone			
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